

KANSAS

July 2001-June 2002 Reporting Period

Table 1
Status of Program Performance

Cluster Area: *General Supervision*

Objective: Effective implementation of the IDEA Part C is ensured through the Lead Agency's (LA) development and utilization of mechanisms and activities in a coordinated system that results in all eligible infants and toddlers and their families having available early intervention services (EIS) in the natural environment (NE) appropriate for the child.

Component/Desired Result GS.1: Are EIS for infants and toddlers with disabilities ensured through the State's systems for compliance that is based on the analysis and utilization of data collected from all sources?

I. *Baseline Data/Current Reality:*

An extensive program review system is in place and is administered through the lead agency. It consists of: 1) annual grant application and contract assurances, 2) local early intervention network annual self-assessment (including on-site visits every three years), 3) semi-annual reports, 4) federal data tables, and 5) accountability guidelines.

II. *Activities to Achieve Results:*

There is an extensive program review process that is coordinated at the State level and includes a variety of data and validation sources.

III. *Evidence of Change/Benchmarks:*

This is considered one of the program strengths. In the effort to further increase utilization of the self-assessment data by local programs, this component of the program review system will be strengthened and paired with a detailed written self-improvement plan. This new process will reflect the OSEP model with the elimination of the on-site program review except in those cases where local programs, based on data, appear to have significant problems/challenges. Maintaining the quality of the current indicator is a priority.

IV. *Timelines and Resources:*

Information was gathered from the following resources: Kansas Early Intervention Longitudinal Study (KEILS); Local Early Intervention Networks annual self-assessments; on-site monitoring report summary from the program review process; Procedure Manual; and grant and contract requirements. Timelines for program review will follow set schedule within State for all pieces of the system not designated for change.

V. *Explanation and Analysis of Progress (or Slippage):*

Analysis of the program review system indicates a need to strengthen the annual self assessment process paired with revision of the on-site visit component of the system. This change is designed to strengthen the data collection piece of program review for Network and State use; respond to a desire by Networks to restructure review system to have more meaningful impact to the individual Network outcomes; to strengthen follow-up; and to increase and focus technical assistance to Networks.

Analysis of the resources used to guide activities indicates a need to update the Procedure Manual to reflect current practice and to incorporate any changes to IDEA from reauthorization.

VI. *Proposed Future Activities to Achieve Results:*

1. The program review system will be changed. 2. Corrections to State policy and procedure guidelines will be made, as needed. The Procedure Manual is in the process of revisions at this time. 3. Kansas will use the OSEP self assessment as baseline data to guide a self improvement plan which will be updated yearly.

VII. *Proposed Evidence of Change/Benchmarks:* 1. Program review system will be revised to change annual self assessment/site visit component. 2. Networks will receive training in the new system. 3. Networks/State will implement changes. 4. Procedure Manual will be updated. 5. Kansas self improvement plan will be submitted to OSEP.

VIII *Proposed Resources and Timelines:* Resources will include the Part C Staff, the Program Review Stakeholders group, Steering Committee, NECTAC, Mountain Plains Regional Resource Center.

Timelines: 1. Draft of changes to be complete with input from Stakeholders by September 30, 2003, Final version of changes will be complete by October 31, 2003. 2. Training will begin in Networks by November 2003. 3. Change to the new system will begin January 1, 2004. 4. Procedure Manual will be updated, completed and distributed not later than June 30, 2004. 5. By June 30, 2003 results of Self Assessment and Self Improvement Plan for Kansas will be on KDHE web site for public access. 6. Kansas Self Improvement Plan (produced by Part C staff with advice and assist from Steering Committee and State ICC) will be updated/modified yearly in conjunction with OSEP APR (due date determined by OSEP) to reflect changes necessary based on data collected during the year.

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Component/Desired Result GS.1 (a): Do the monitoring instruments and procedures used by the lead agency identify IDEA compliance?

I. *Baseline Data/Current Reality:*

An extensive program review system is in place and is administered through staff at KDHE.

II. *Activities to Achieve Results:*

The review system includes: 1) Annual grant application and contract assurances that include a description of how the sixteen required Part C services will be provided. 2) Local early intervention network annual self-assessment that includes a site visit every three years and family/agency survey. 3) Semi-annual reports must be submitted that track the number and sources of referrals, timelines, children in the program, complaints, public awareness activities, training, and self-evaluation activities. 4) the local early intervention networks are required to provide data to complete the Federal Data Reports. 5) Accountability guidelines that ensure compliance are designed to specify meetings, withhold funds, and in extreme cases, discontinue contracts.

III. *Evidence of Change/Benchmarks:*

Systematic issues have been identified and addressed as a result of this program review process.

IV. *Timelines and Resources:*

The following resources were utilized: 1) local early intervention networks Semi-Annual Reports; 2) local early intervention self-assessment and on-site monitoring reports; 3) Procedure Manual; 4) Grant and contract requirements; 5) Kansas Regulations (K.A.R.), and 6) Growing Together IV. Timelines will remain in place as currently used except for #2 which is a component of the program review process that is undergoing change this year (see GS 1 for explanation of change).

V. *Explanation and Analysis of Progress (or Slippage):*

The current system meets all legal requirements.

VI. *Proposed Future Activities to Achieve Results:*

Networks will continue to report progress on their most recent improvement plan in their annual grant application. Local program evaluation identifies and remedies issues in a timely manner related to IDEA compliance.

VII. *Proposed Evidence of Change/Benchmarks:* See GS 1 for explanation of change. All other pieces described will remain in place.

VIII. *Proposed Resources and Timelines:* See GS 1 for resources and timelines for proposed change to program review process. All other pieces of the program review system will remain in place using existing resources and timelines.

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Component/Desired Result GS.1 (b): Are deficiencies identified through the State's system for ensuring general supervision corrected in a timely manner?
<p>I. <i>Baseline Data/Current Reality:</i> Corrections of individual network deficiencies are uncovered and implemented in a timely manner through the program review process.</p>
<p>II. <i>Activities to Achieve Results:</i> Training and technical assistance opportunities, which are identified and implemented according to the results of the program review process.</p>
<p>III. <i>Evidence of Change/Benchmarks:</i> Progress is monitored through the Semi-annual reports and on-site visits and improvement plans submitted with annual grant application.</p>
<p>IV. <i>Timelines and Resources:</i> The following resources were utilized: 1) local early intervention networks Semi-Annual Reports; 2) local early intervention self-assessment and on-site monitoring reports; 3) Procedure Manual; and 4) Grant and contract requirements. 4) Review of the improvement plans submitted with the grant application.</p>
<p>V. <i>Explanation and Analysis of Progress (or Slippage):</i> Networks report progress on their most recent improvement plan in their annual grant application. The mediation and due process components are largely untested.</p>
<p>VI. <i>Proposed Future Activities to Achieve Results:</i> Seek further validation of issues that are identified in several networks (through SARs, self-assessment or most recent improvement plan), and provide training and technical assistance to local networks.</p>
<p>VII. <i>Proposed Evidence of Change/Benchmarks:</i> Systematic issues will be identified and addressed as a result of this program review process.</p>
<p>VIII. <i>Proposed Resources and Timelines:</i> Resources and Timelines will remain the same with the exception of changes described in GS 1.</p>

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Component/Desired Result GS.1 (c): Are enforcement actions used when necessary to address persistent deficiencies?

I. *Baseline Data/Current Reality:*

- Accountability guidelines are built into the program review process. Systematic issues have been identified and addressed as a result of the program review process.
- Several statewide initiatives have been implemented because of this surveillance over the history of the Kansas program.

II. *Activities to Achieve Results:*

The accountability process begins with informal discussions with State staff and the Part C Coordinator, and moves through documentation of the concern to the chair person of LICC. Then, an on-site visit by a team of advisors to provide technical assistance is conducted. Consequences to the network may include: news releases to the community regarding non-compliance, opportunity for a public meeting, assignment of "interim" providers or network coordinators, recoupment of materials, withholding grant funds, provisional contracts, and dissolution of contracts.

III. *Evidence of Change/Benchmarks:*

Changes have been made to the administration of local early intervention networks, and training and technical assistance is provided to assist with changes.

IV. *Timelines and Resources:*

The following resources were utilized: 1) local early intervention networks Semi-Annual Reports; 2) local early intervention self-assessment and on-site monitoring reports; 3) Procedure Manual; and 4) Grant and contract requirements.

V. *Explanation and Analysis of Progress (or Slippage):*

The system is largely untested, although it does meet the legal requirements.

VI. *Proposed Future Activities to Achieve Results:*

Continue with the implementation of the accountability guidelines and their enforcement actions.

VII. *Proposed Evidence of Change/Benchmarks:* Maintain current efforts.

VIII. *Proposed Resources and Timelines:* Resources and timelines currently used will remain in place.

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Component/Desired Result GS.1 (d): Are systematic issues identified and remediated through the analysis of findings from information and data collected from all available sources, including complaint investigations and due process hearings?

I. *Baseline Data/Current Reality:*

- There is an extensive program review process that is coordinated at the State level and includes a variety of data and validation sources.
- Systemic issues have been identified and addressed as a result of this program review process.
- Networks report parental concerns and methods of resolution on SAR's.
- The State receives and records informal parental complaints. Each parent is informed of right to mediation and due process.

II. *Activities to Achieve Results:*

- Complaint investigations and the decisions surrounding them are made/documented in a timely manner.
- Complaints are used during on-site visits and Semi-Annual report reviews to guide team agenda.

III. *Evidence of Change/Benchmarks:*

Ten networks currently have technical assistance plans with the TA provider. Some of the plans are ongoing program improvement and others are a result of non-compliant systemic issues.

IV. *Timelines and Resources:*

The following resources were utilized: 1) local early intervention networks Semi-Annual Reports; 2) local early intervention self-assessment and on-site monitoring reports; 3) Procedure Manual; and 4) Grant and contract requirements.

V. *Explanation and Analysis of Progress (or Slippage):*

To date, no written complaints have been received, but phone calls are logged and tracked to monitor timeliness and outcomes. Mediation and/or due process has not been requested to date.

VI. *Proposed Future Activities to Achieve Results:*

- Corrections to State policy and procedure guidelines will be made, if needed.
- Additional technical assistance and training will be available.
- Parental/Provider complaints will be used as part of revised program review process.

VII. *Proposed Evidence of Change/Benchmarks:*

Due process and mediation have not occurred, so the program will continue on its current course. Complaint investigations and the decisions surrounding them will continue to be conducted in a timely manner.

VIII. *Proposed Resources and Timelines:* Resources/timelines currently used will remain in place with the exception of changes to the program review process as outlined in GS 1.

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Component/Desired Result GS.1 (e): Are complaint investigations, mediations, and due process hearings and reviews conducted and corrected in a timely manner?
<p>I. <i>Baseline Data/Current Reality:</i> To date, no written complaints have been received, but phone calls are logged and tracked to monitor timeliness and outcomes both at local and State level.</p>
<p>II. <i>Activities to Achieve Results:</i> Log and track phone calls to monitor timeliness and outcomes regarding complaints. State will report this to OSEP on APR. Networks report this information within SAR. Mediation and/or due process has not been requested to date.</p>
<p>III. <i>Evidence of Change/Benchmarks:</i> Complaint investigations have historically been used as data to plan Network and/or statewide initiatives.</p>
<p>IV. <i>Timelines and Resources:</i> The following resources were utilized: 1) local early intervention networks Semi-Annual Reports; 2) local early intervention self-assessment and on-site monitoring reports; 3) Procedure Manual; and 4) Grant and contract requirements.</p>
<p>V. <i>Explanation and Analysis of Progress (or Slippage):</i> The mediation/due process system is untested, therefore, no progress or slippage has been determined. Complaint investigations are at a satisfactory level. The Steering Committee has suggested further investigation as to how the grievance procedure is conducted at local Network level.</p>
<p>VI. <i>Proposed Future Activities to Achieve Results:</i> The program will maintain its current course with the addition of an analysis of local grievance procedures.</p>
<p>VII. <i>Proposed Evidence of Change/Benchmarks:</i> 1. The program will maintain its current course. 2. Part C staff will use SAR and collect other data to study local grievance procedures.</p>
<p>VIII. <i>Proposed Resources and Timelines:</i> 1. Resources/timelines currently used will remain in place with the exception of changes to the program review process as outlined in GS 1. 2. The study of local grievance procedures will occur before June 20, 2004.</p>

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Component/Desired Result GS.1 (f): Are parents and eligible youth with disabilities aware of and have access to their right to effective systems for parent and child protection?

I. *Baseline Data/Current Reality:*

- The Procedure Manual, Section XIII, outlines the requirements for procedural safeguards for families within the early intervention system. These requirements follow federal regulations.
- KEILS reports that 80.1% of families understood their legal rights.

II. *Activities to Achieve Results:*

- On-site monitoring includes questions from the on-site visitors to families regarding their knowledge of Part C of I.D.E.A.
- "Parent Rights Brochures" are published by KDHE and supplied on request to the local early intervention networks.
- LICCs report through their self-assessment surveys that procedural safeguards as described in the Procedure Manual are in place in the agencies of their infant-toddler services network.

III. *Evidence of Change/Benchmarks:*

The areas of consent, release of information, access to records, and provision of information regarding procedural safeguards has been carried out appropriately around the state.

IV. *Timelines and Resources:*

The following sources of information were consulted in determining this indicator: 1) KEILS; 2) local early intervention networks annual self-assessments, 3) on-site monitoring report summary from program review process; 4) Procedure manual.

V. *Explanation and Analysis of Progress (or Slippage):* 1) Data from families indicates approximately 80% of families report they understood their legal rights. This percentage should increase. 2) The State self assessment indicated that some networks do not understand/implement appropriately written prior notice.

VI. *Proposed Future Activities to Achieve Results:*

Improvement in the implementation of all procedural safeguards (particularly written prior notice) by all personnel will occur. This will be accomplished through on-going training and the development of a Technical Assistance Bulletin (TAB) to address the issue of procedural safeguards.

VII. *Proposed Evidence of Change/Benchmarks:* 1) The percentage of families indicating they understood their legal rights has increased. 2) Data will be collected from Networks as to how Networks explain procedural safeguards to families.

2) The requirement for written prior notice to families is being implemented appropriately in most networks across the state.

VIII. *Proposed Resources and Timelines:* Resources: State Part C staff, TA staff

Timelines: Training is on-going. This will be monitored every year and measured as part of the APR update. TABS will be developed by June 30, 2004.

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Component/Desired Result GS.2: Are child find and appropriate and timely services ensured through interagency agreements and assignment of fiscal responsibility?

I. *Baseline Data/Current Reality:*

- KDHE, as the lead agency for Part C of I.D.E.A., has participated in the development of several interagency agreements for the implementation of this program in Kansas. These include:
 - 1) Cooperative Agreement between the Kansas Department of Health and Environment and the Kansas Department of Social and Rehabilitation Services.
 - 2) Interagency Agreement Among Kansas Department of Health and Environment, Kansas State Department of Education, and Kansas Department of Social and Rehabilitation Services for the Implementation of Public Law 99-457.
 - 3) Memorandum of Understanding: KDHE, KSDE, SRS- continuing the established structure to support an interagency information/resource service for persons with disabilities to provide toll-free telephone access to information on health, social service, and education services and resources available from public supported programs and special grant projects.
 - 4) Memorandum of Understanding: KDHE and KSDE- to clarify procedures to ensure smooth transitions of children between Part C and Part B of I.D.E.A.
 - 5) Interagency Agreement with Region VII HHS, Administration of Children and Families, Kansas Head Start Association, Kansas University Medical Center/Disability Services Quality Improvement Center, KSDE, KDHE, and SRS.
- Each community, in collaboration with the local ICC, develops a plan for coordinating early intervention services, and reports each year through their self-assessments on their interagency agreements.

On-site monitoring includes a fiscal review of affidavits of expenditures, documentation of expenditures, time records, contracts, audits, and funding sources. Findings are reported at the exit interview and contained in the final report regarding the on-site monitoring visit.

II. *Activities to Achieve Results:* Interagency agreements and assignment of fiscal responsibility is and has been an ongoing process in the State and within local networks.

III. *Evidence of Change/Benchmarks:* Interagency agreements and assignment of fiscal responsibility will be continually updated at State and local network level.

IV. *Timelines and Resources:* Timelines: Ongoing Resources: Kansas Regulations (K.A.R.), Procedure Manual, LICC self-assessments from program review process, State ICC, Part C Staff

V. *Explanation and Analysis of Progress (or Slippage):*

Interagency agreements and assignment of fiscal responsibility are considered strengths of the Kansas system. These systems will be monitored closely for change in light of the current statewide fiscal crisis. Current issues include expanded access of private insurance and maintaining and expanding access of all insurances at the State and local levels.

- 1) The local early intervention networks have not recently reported to KDHE through the grant application, evidence of interagency commitment.

VI. *Proposed Future Activities to Achieve Results:*

The interagency agreement with KDHE, KSDE, and SRS regarding the direct implementation of Part C of I.D.E.A. will be updated. There will be an increase in the number of interagency agreements on the local level.

VII. *Proposed Evidence of Change/Benchmarks:* 1)The interagency agreement with KDHE, KSDE, and SRS regarding the direct implementation of Part C of I.D.E.A. will be updated. 2)There will be an increase in the number of interagency agreements on the local level.

VIII. *Proposed Resources and Timelines:* Resources: State Interagency Coordinating Council, Part C staff, Local Network Staff, NECTAC,
Timelines: 1) Interagency agreement with KDHE, KSDE, and SRS will be updated by June 30, 2005. 2) Updates/Increases of interagency agreements at the local level will be ongoing.
3) The long form of the grant application for Networks will be revised and used for the grants issued July 01, 2004.

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Component/Desired Result GS.5: Do appropriately trained public and private providers, administrators, teachers, paraprofessionals and related service personnel provide service to infants and toddlers with disabilities and their families?

I. *Baseline Data/Current Reality:*

- Kansas Infant-Toddler Services follow the federal requirements for personnel standards to be the "highest requirements in the state applicable to a specific profession or discipline which means the highest entry -level academic degree needed for any State approved or recognized certification, licensing, registration, or other comparable requirements that apply to that profession or discipline."
- Personnel providing services for Kansas Infant-Toddler Services eligible infants and toddlers must hold current and valid credentials in their professional field of practice.

II. *Activities to Achieve Results:*

- KDHE requires the local early intervention networks to sign contract assurances that require the use of qualified personnel to conduct evaluations and provide services.
- Funding is provided from the Kansas Department of Education, special education "categorical aid." This funding is provided to most of the networks to support the professional staff who are directly involved with the daily provision of early intervention services to children. To receive funding, their professional staff must meet the KSDE personnel qualifications (same as Infant-Toddler Services).
- Personnel qualifications are reviewed during on-site monitoring visits and exceptions are noted in the site visit team reports.
- KITS has developed and disseminated a TA packet titled "Enhancing Family Participation in the IFSP/IEP process."

III. *Evidence of Change/Benchmarks:*

- All service providers in the 37 local networks have been trained in developing IFSPs.
- Networks report that only qualified personnel (as defined by the Procedure Manual) provide early intervention services.
- Networks report that 100% of the service providers meet the standards for continuing education experiences as described in the Procedure Manual.

IV. *Timelines and Resources:*

Data was gathered from the following sources: 1) Procedure Manual; 2) Local Part C Coordinator Survey, May 2002; 3) Local LICC self-assessment survey from local program review process; 4) On-site visits to local early intervention networks for program review process; 5) KEILS; 6) Family surveys from local early intervention network program review process; and 7) Self Assessment Public Forum Report.

V. *Explanation and Analysis of Progress (or Slippage):*

There are sufficient numbers of qualified professionals to meet the needs of eligible infants and toddlers in Kansas.

VI. *Proposed Future Activities to Achieve Results:* 1. Training and/or development of a TA packet in the basics of the IFSP process will be made available to local Networks to assist in training new personnel in the IFSP process. 2. As part of the CSPD process, Service Coordination Training and or a Service Coordination Certificate have been identified as a need. 3. An insufficient number of qualified staff and statewide availability of Infant Mental Health Services has been reported and should be measured.

VII. *Proposed Evidence of Change/Benchmarks:* 1. IFSP training will be held and or TA packet will be distributed to local Networks. 2. Service Coordination Training and/or certificate will be developed. 3. Analysis will be done to determine availability of Infant Mental Health Services in Kansas.

VIII. *Proposed Resources and Timelines:* 1. Resources: Part C staff, Network Coordinators, TA staff. Timelines: By December 2004 a minimum of one face to face training will be held and/or training packet distributed.

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Table 1
Status of Program Performance

Cluster Area: *Comprehensive Public Awareness and Child Find System*

Objective: All infants and toddlers with developmental delays, disabilities and/or who are at-risk are identified, evaluated and referred for services.

Component/Desired Result CC.1: Does the implementation of a comprehensive, coordinated Child Find system result in the identification, evaluation, and assessment of all eligible infants and toddlers?

I. *Baseline Data/Current Reality:*

- The number and percent of children receiving Infant-Toddler services in Kansas continues to increase each year.
- Based on live births in Kansas from 1998-2000, Infant-Toddler Services is serving 2.1% of the 0-3 population on one day, which is above the national average reported by OSEP.
- The medical community continues to provide the highest number of referrals, indicating strong linkages to primary referral sources.

II. *Activities to Achieve Results:*

- SoundBeginnings provides a hearing screening for every infant born in Kansas, as required by KSA 65-1, 157a.
- Infant-Toddler Services facilitates the "Hospital to Home" transition task force, which creates a uniform hospital to home transition plan for those children referred from the hospital to Part C services.
- Monitoring of local early intervention networks includes analysis of child find efforts.

III. *Evidence of Change/Benchmarks:*

- The number of children that are evaluated and determined eligible continues to increase.
- The racial/ethnic representation in the eligible population is comparable to total Kansas population.
- In calendar year 2000, 3.8% of the birth to three population was being served, based on cumulative counts of children receiving Infant-Toddler Services.

IV. *Timelines and Resources:*

The following sources were consulted: 1) Part C federal data tables; 2) KEILS; 3) Center for Health and Environmental Statistics-KDHE; 4) Semi-Annual reports to KDHE by local early intervention networks; 5) Sound Beginnings; 6) US Census, 2000; 7) OSEP's 22nd Annual and 23rd Annual Report to Congress.

V. *Explanation and Analysis of Progress (or Slippage):*

- The data demonstrates that infants are being identified and receiving services early.
- The state level brochures and materials need to be reviewed or revised as this has not been done in several years.

VI. *Proposed Future Activities to Achieve Results:*

Reduce the percentage of families that decline the initial evaluation. Continued efforts in all areas currently in progress. The State level brochures and materials will be reviewed and revised if needed.

VII. *Proposed Evidence of Change/Benchmarks:*

- 1) The percentage of families that decline the initial evaluation will decrease.
- 2) Continued efforts in child find will increase the percentage of eligible children served in Kansas under the age of one.
- 3) State level brochures and materials will be changed if need determined as result of review.

VIII. *Proposed Resources and Timelines:* Resources/timelines currently used will remain in place. Currently, data is collected on the SAR to determine the reasons a family declines an initial evaluation. Those networks with a higher percentage of children referred and not evaluated are monitored through the SARs and asked to examine system policies and program practices that could affect these numbers and make adjustments.

State level brochure/material changes will be distributed in draft form to stakeholders including parents for review. The review will be completed by October 31 2003. The changes will go into effect as current material supplies are exhausted.

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Table 1 Status of Program Performance

Cluster Area: *Comprehensive Public Awareness and Child Find System*

Objective: All infants and toddlers with developmental delays, disabilities and/or who are at-risk are identified, evaluated and referred for services.

Component/Desired Result CC.1 (a): Is the percentage of eligible infants and toddlers determined eligible for Part C comparable to State and national demographic data for the percentage of infants and toddlers with developmental delays?

I. *Baseline Data/Current Reality:*

Based on the December 1 Child Count, from 1997 to 2001 the number and percentage of children birth to three receiving early intervention services on December 1st increased each year. The percentage of children served in 1999, 2000, and 2001 exceeds the national average of 1.8% for 1999, as reported in the OSEP 23rd Annual Report to Congress, Office of Special Education Programs, 2001, Table AH-1. The cumulative number of children receiving services on an annual basis continues to increase, as the cumulative percentage of total 0-3 year olds in Kansas reached 4.3% in 2001.

II. *Activities to Achieve Results:*

Results are monitored through the SARS and on-site monitoring visits as part of the program review process.

III. *Evidence of Change/Benchmarks:*

The number of children evaluated and determined eligible will continue to increase in Kansas.

IV. *Timelines and Resources:*

The following sources of information are used non-exclusively for information gathering: 1) Federal Part C data tables; 2) KEILS; 3) Center for Health and Environmental Statistics-KDHE; 4) Semi-annual reports by the local networks; 5) Sound Beginnings; 6) US Census, 2000; 7) OSEP's 22nd and 23rd reports to Congress. Timelines will remain consistent.

V. *Explanation and Analysis of Progress (or Slippage):*

The number of children provided initial evaluations continues to increase and the proportion of those children found eligible continues to hold steady. This indicates the referral and evaluation process throughout the state is being implemented accurately and uniformly. In 2002, 3550 children were evaluated, and 2907 (82%) were determined to be eligible. Also, the number and percent of children referred but not evaluated continues to decrease.

VI. *Proposed Future Activities to Achieve Results:* Activities currently in place are successful and will remain in place.

VII. *Proposed Evidence of Change/Benchmarks:* The number of children evaluated and determined eligible will continue to increase in Kansas.

VIII. *Proposed Resources and Timelines:* Resources/timelines currently used will remain in place.

Table 1 Status of Program Performance

Cluster Area: *Comprehensive Public Awareness and Child Find System*

Objective: All infants and toddlers with developmental delays, disabilities and/or who are at-risk are identified, evaluated and referred for services.

Component/Desired Result CC.1 (b): Is the percentage of eligible infants with disabilities under the age of one that are receiving Part C services comparable with national and state prevalence data?

I. *Baseline Data/Current Reality:*

The number of children under the age of one who are receiving Part C services on December 1 has continued to increase for the past five years. Of all children receiving Part C services, the percentage of children under the age of one has remained level at 15-16%. The percentage has remained level at 15-16%. Kansas reported that 1.13% of all children age 1 or under were receiving services in 2001. This compares favorably to the national average of 0.9%.

II. *Activities to Achieve Results:*

On-site monitoring of local early intervention networks included analysis of child find efforts as measured by the number of children under one receiving services. The emphasis on this indicator for review during on-site monitoring has assisted in increasing the awareness of the local early intervention networks of the importance of making connections to families and other primary referral sources early. Kansas Inservice Training Services created a TA packet titled, Physicians, Health Care Providers, and Early Intervention. This packet has been used by several local Networks to engage physicians.

III. *Evidence of Change/Benchmarks:*

- The number and percent of children under the age of one who receive infant-toddler services continues to increase.
- The percent of children in Kansas who enter the early intervention system in their first year of life (31%) is only 7% under the national average.
- The KEILS found that 70% of children with established risk entered early intervention in the first year of life.

IV. *Timelines and Resources:*

The following resources are used to compile data: 1) Federal Data Tables; 2) KEILS; 3) Kansas Vital Statistics; 4) National Early Intervention Longitudinal Study; 5) The Kansas Hospital to Home Task Force and 6) OSEP 22nd Annual Report to Congress. Timelines used will remain constant.

V. *Explanation and Analysis of Progress (or Slippage):*

This indicator is considered a strength. The % of infants under the age of one being identified continues to increase.

VI. *Proposed Future Activities to Achieve Results:* 1. Legislation was proposed in the 2003 session to enact a Newborn Screening Bill which would screen every newborn for developmental disabilities. The bill did not make it out of session but will be proposed next year. 2. Physicians/Medical Field continue to be a focal point for training, as such, various physician training models will be studied for possible use as well as continued discussions as to how to further involve physicians (suggestions from Steering Committee include linking into existing medical trainings that include physicians and/or tying into trainings at hospitals for families such as Health Fairs to increase awareness of early intervention at medical facilities). 3. The Hospital to Home Transition Task Force will be reviewed to analyze need for reactivation to build on previous work in order to strengthen linkages with newborn nurseries and pediatric units.

VII. *Proposed Evidence of Change/Benchmarks:*

We believe that the data demonstrates infants under the age of one are being identified and receiving services early. This indicator will be monitored with the expectation of increased %.

VIII. *Proposed Resources and Timelines:* 1. The Newborn Screening Bill will be reintroduced for the 2004 session. 2. Physician training models will be studied and grants will be sought to focus on physician training by June 30, 2003. 3. The Hospital to Home Task Force review of activities will be completed with recommendations for further activity (if deemed necessary) by June 30, 2003.

Table 1 Status of Program Performance

Cluster Area: *Family-Centered Services*

Objective: Outcomes for infants and toddlers and their families are enhanced by family centered supports and systems of service.

Component/Desired Result CF: Do family supports, services and resources increase the family's capacity to enhance outcomes for infants and toddlers and their families?
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I. Baseline Data/Current Reality:

- Family surveys are sent out as part of the annual program review process for early intervention networks. The survey contains specific questions for both mothers and fathers. Surveys are provided in English and Spanish. The data from the survey indicates that mothers perceive a great deal of family-centered practices in early intervention services; fathers less so.
- The state Part C program review system for the local early intervention networks includes family members as site visitors. They also were involved in providing feedback, planning and development, and connecting with other families.
- KEILS reports that, according to most families, it took little to no effort to find and enter early intervention services and they had input into the determination of those services.

II. Activities to Achieve Results:

Families members are an important component in the program review process. Responses from the survey indicate that other families feel that the value of the family perspective to the "professionals" who work in the system is necessary. Therefore, families will continue to be a major contributor to this process.

III. Evidence of Change/Benchmarks:

- Three independent studies were conducted in Kansas to determine the extent of family-centered recommended practices in the development of IFSPs. The results of the longitudinal comparison suggested that IFSPs were increasingly reflecting recommended practices.
- The Local ICCs reported success in almost every component of Family-Centered practices in 1999, 2000, and 2001.

IV. Timelines and Resources:

The following information was referenced for determining the effectiveness of this family-centered component: 1) Family surveys from local program review process; 2) Local Part C coordinator survey; 3) KEILS; 4) Family-centered study by KU and KDHE; 5) LICC self-assessment data from program review process; 6) Growing Together IV; and 7) LICC Parent Member Survey.

Timelines in place will continue to be followed for those resources that are annual updates.

V. Explanation and Analysis of Progress (or Slippage): 1. The self assessment (2003) indicated a need for increased participation of family members on LICC's. 2. The Steering Committee indicated a need to focus training efforts on family-centered services in the natural environment that takes advantage of a coach/mentor model to incorporate activities into daily routine for families. 4. The OSEP self assessment revealed the number of Parent-to-Parent matches has been on the decrease for the last three years. 5. The parent survey will be reviewed/revised as a result in changes to the program review process. 6. Parents will continue to be an important component of the program review process however the site visit process will be reviewed/revised as a result of the program review process.

VI. Proposed Future Activities to Achieve Results: 1. The parent members of the State ICC plan to attend a parent leadership training in 2004. This information will be used to develop recommendations to local ICC's. The parent membership committee of the State ICC will be asked to form a parent participation advisory group to meet this goal. 2. The TA staff from Kansas Inservice Training System has, as their focus, LRE/NE training over the course of the next two years. In addition, individual Networks will continue to self-identify or identify through the program review process for TA in this area. 3. KDHE will work with Families Together to increase the use of Families Together services to include Parent to Parent matches. 4) A revised parent survey will be developed. 5) A revised parent component to the site visit process will be developed as a part of revised program review system. .

VII. Proposed Evidence of Change/Benchmarks:

1. LICCs will continue efforts to increase family input and participation in their own programs
2. Review of IFSP's will reveal outcomes which reflect family-centered services in the natural environment/daily routines of the family. 3. The use of Families Together by parents involved in Part C will increase to include an increase in the number of Parent to Parent matches. 4. Parent survey is developed. 5. Revised program review system is developed.

VII. Resources and Timelines: Resources: State ICC, Local ICC, Part C staff, KITS staff. Timelines: 1) Training will be completed by 2004 and committee formed/recommendations made by Dec. 31, 2004. 2) Activities will occur 2003-2004 and 2004/2005. 3) Activities will occur 2003-2004 4) Parent Survey will be completed by April 2003 5) See timelines GS 1.

Table 1 Status of Program Performance

Cluster Area: *Early Intervention Services in Natural Environments*

Objective: Eligible infants and toddlers and their families receive early intervention services (EIS) in natural environments (NE) appropriate for the child.

Component/Desired Result CE.1: Do all families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments?

I. *Baseline Data/Current Reality:*

- Section IX of the Procedure Manual provides information regarding family service coordination practices. In Kansas, the family service coordinator is to be “from the profession most immediately relevant to the infant and toddler’s or family’s needs.” Because of this structure, there are sufficient numbers of family service coordinators available.
- A survey in May 2002 of local Part C Coordinators indicated only 3 family service coordination positions were unfilled.
- In the same survey, the local Part C Coordinators described the roles and some outcomes of family service coordination in their networks. All indicate the family service coordinator’s role is to assure the coordination of the initial eligibility determination and IFSP development process in a timely manner and to provide the family with accurate information about the services and resources.
- Family satisfaction surveys in 2001-2002 indicate that 93% of mothers and 92% of fathers agree that the family service coordinator has been helpful.

II. *Activities to Achieve Results:*

The structure for delivery of family service coordination has successfully produced sufficient numbers of coordinators. This is considered a strength and will continue in its current form.

III. *Evidence of Change/Benchmarks:*

In addition to the surveys, interviews with family service coordinators during on-site monitoring visits indicates a large amount of activities are taking place to assist families with their identified needs. Also, descriptions of the family service coordination activities conducted in the local early intervention networks is consistent with both federal and state requirements.

IV. *Timelines and Resources:*

The resources used to determine effectiveness are: 1) the Procedure Manual; 2) Part C Coordinator’s Survey; and 3) Family surveys and interviews from local program evaluation process.

V. *Explanation and Analysis of Progress (or Slippage):*

Input from the Steering Committee and the public forums held in conjunction with the self assessment indicated there is a need for a more structured, consistent training system for service coordination,

VI. *Proposed Future Activities to Achieve Results:* 1. KITS has developed, and will distribute a TA packet for service coordination by August 2003. 2. KDHE will review a service coordination training and/or certification to be offered statewide.

VII. *Proposed Evidence of Change/Benchmarks:* 1. Service coordination packet will be distributed to all Networks by August 2003 which could be used as one training tool for new and existing service coordinators. 2. Networks will be reminded that they can request TA for their Network for service coordination plans. 3. A service coordination training plan and/or service coordination certificate will be identified and implemented.

VIII. *Proposed Resources and Timelines:* Resources: Part C staff, KITS, stakeholder groups, Steering Committee

Timelines: 1) TA packet distributed by August 2003. 2) Ongoing. 3) Plan completed by Dec. 31, 2003 to include training recommendations/service coordination certification recommendations.

Table 1 Status of Program Performance

Cluster Area: *Early Intervention Services in Natural Environments*

Objective: Eligible infants and toddlers and their families receive early intervention services (EIS) in natural environments (NE) appropriate for the child.

Component/Desired Result CE.2: Does the evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child?

I. *Baseline Data/Current Reality:*

- As reported in the Public Awareness and Child Find section, the numbers of children referred for evaluations each year continues to increase.
- In 2001, 99% of the identified children were referred within two days for evaluation. In 2002, 97% were referred within two days.
- The total number of IFSPs developed within the 45-day timeline has remained between 82% and 85% over the past three years.

II. *Activities to Achieve Results:*

- The Procedure Manual (Section IV) provides the requirements for evaluation procedures for children referred to the Part C system.
- The local early intervention networks sign contract assurances that require the use of qualified personnel to conduct evaluations and provide services.
- KDHE contracts with the Assistive Technology for Kansas Project to provide several activities to improve access to and understanding of assistive technology (AT) for infants and toddlers with disabilities.

III. *Evidence of Change/Benchmarks:*

Information from the SARS from the thirty-seven local Part C early intervention networks indicates the procedures for timely evaluation, IFSP development and delivery of services is occurring in a reasonable amount of time after the child is first identified.

IV. *Timelines and Resources:*

The following sources of data assist in determining this component: 1) Local early intervention network semi-annual reports; 2) LICC self-assessments from program review process; 3) Procedure Manual; 4) On-site monitoring reports; and 5) Local Part C Coordinator's surveys.

V. *Explanation and Analysis of Progress (or Slippage):*

1. Hearing, Vision, and nutritional screenings are not always obtained as part of the initial multi-disciplinary evaluation of a child. 2. The Steering Committee identified a concern that information is not collected as to the age of a child identified for an AT evaluation to determine data surrounding early identification of AT need.

VI. *Proposed Future Activities to Achieve Results:*

The May 2002 local Part C Coordinator's survey asked how family and child needs are identified in the networks. Many of the responses indicated use of family needs assessments, interest surveys, checklists, interviews, monthly contracts, and informal discussion. These will continue to be emphasized in future programs.

1. Hearing, vision, and nutritional screenings will be highlighted in a TA bulletin for Networks. In addition, review of IFSP's attached to SAR will continue to focus on this concern and refer individual Networks for TA as needed. KDHE is currently working to increase the frequency of screening training for the 0-3 hearing and vision screens.
2. KDHE will work with the Assistive Technology Staff to collect data which will determine age at which AT evaluation was initiated for children 0-3. KDHE staff will work with the Infant-Toddler Data System Manager to analyze ability of IT data system to collect this data from IFSP's.

VII. *Proposed Evidence of Change/Benchmarks:* 1. TA bulletin will be completed. TA for SAR reviewers will include instructions to focus on screening data. Hearing screening and vision screening will be available. 2. Data will be collected..

VIII. *Proposed Resources and Timelines:* Resources: Part C staff, AHAC staff, Assistive Technology Staff,

Timelines: 1. TA bulletin will be completed by June 30, 2004. TA for SAR reviewers will include instructions to focus on screening data by July 1, 2003. Hearing screening and vision screening will be available by June 30, 2003. 2. Data will be collected as of July 1, 2003.

Table 1 Status of Program Performance

Cluster Area: *Early Intervention Services in Natural Environments*

Objective: Eligible infants and toddlers and their families receive early intervention services (EIS) in natural environments (NE) appropriate for the child.

Component/Desired Result CE.3: Are appropriate early intervention services in natural environment and informal supports meeting the unique needs of eligible infants and toddlers and their families?
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I. *Baseline Data/Current Reality:*

In 2000, 82.17% of early intervention services were provided in the child's home. The percent increased slightly to 83% in 2001.
Almost 50% of the families surveyed indicated that the early intervention services had "a lot of impact" on their child's development.

II. *Activities to Achieve Results:*

IFSPs are reviewed as part of the on-site monitoring and as part of the Semi-annual report to KDHE. Location of services and statements regarding the natural environments are reviewed.
Training and technical assistance has been provided surrounding the topic of "routines-based interventions."
Family surveys are sent out as part of the annual LICC self-assessment process.

III. *Evidence of Change/Benchmarks:*

The percentage of children who are receiving their services at home or in community-based settings is at 90%.
There was an increase in family reports of the services being received in settings with other children who do not have a disability in 2000, 2001, which indicates that some networks are progressing in this area.

IV. *Timelines and Resources:*

The following resources were consulted: 1) Family surveys from the local program review process; 2) KEILS; and 3) Federal data tables

V. *Explanation and Analysis of Progress (or Slippage):*

Improved monitoring and reporting policies have increased the local networks' understanding of natural environment concerns.

VI. *Proposed Future Activities to Achieve Results:*

Monitoring will ensure that all networks report on their IFSP's a statement of the child's natural environment.

VII. *Proposed Evidence of Change/Benchmarks:*

The percentage of mothers and fathers who report that services are being provided in settings with other children without disabilities will increase.
The percentage of families who believe that the early intervention services meet their child's needs will increase.

VIII. *Proposed Resources and Timelines:* Resources/timelines currently used will remain in place with the exception of changes to the program review process as outlined in GS 1.

Table 1 Status of Program Performance

Cluster Area: *Early Intervention Services in Natural Environments*

Objective: Eligible infants and toddlers and their families receive early intervention services (EIS) in natural environments (NE) appropriate for the child.

Component/Desired Result CE.3 (a): What percentage of children are receiving age-appropriate services primarily in home, community-based settings, and in programs designed for typically developing peers?

I. *Baseline Data/Current Reality:*

- The December 1, 2000 and 2001 Federal Data Report, Table 2, indicates the location for the delivery of the majority of early intervention services is in the home.
- KEILS reports that 90% of families reported receiving their services at home.

II. *Activities to Achieve Results:*

- KDHE staff analyzes the program setting reports to determine concerns in individual networks regarding natural environments. This is also reported to the on-site monitoring team during program evaluation.
- Review IFSPs of children not being served in natural environments to determine if there is appropriate justification for this action.
- Target networks for technical assistance and training regarding natural environments.
- Track locations of service for individual networks, identify concerns and provide technical assistance training for services to be delivered in natural environments.

III. *Evidence of Change/Benchmarks:*

- The percentage of children receiving services in a program designed for children with developmental delays or disabilities has decreased over the past two years.
- 91% of IFSPs include a statement of the child's natural environment where services will be delivered or why they cannot be delivered in that environment. This is up 9% from the previous year.

IV. *Timelines and Resources:*

Information was gathered from the following sources: 1) Federal Part C data tables; 2) Kansas Early Intervention Longitudinal Study; and 3) LICC self-assessments from program review process.

V. *Explanation and Analysis of Progress (or Slippage):*

There is an increase in family report of the services being received in settings with other children his or her age who do not have a disability in 2000-2001, which reflects that some of the networks are progressing in this area.

- On the annual parent survey, less than 35% of mothers/fathers in 99-00 and 01-02 report services being received in settings with other children his or her age who do not have a disability. This contradicts the Federal Data Table report. The Steering committee believes this discrepancy is a result of misinterpretation of this question by parents to exclude natural environment but to think more in terms of a preschool type setting being offered. Further investigation was determined to be needed.
- The findings of the Steering Committee indicate that it is difficult to have an accurate picture of service settings when using only the primary service setting as is currently used. The suggestion would be to have providers list all service settings.

VI. *Proposed Future Activities to Achieve Results:*

- 1) Review IFSPs as part of monitoring and SAR reports to KDHE—particularly the location of service statements and statement of child's natural environment.
- 2) Provide technical assistance to local networks regarding natural environments.
- 3) Review/Clarify definition of natural environments for Federal Data Tables and Parent Survey to provide accurate information for data purposes.
- 4) Clarify/revise service setting information as part of data collection system.

VII. *Proposed Evidence of Change/Benchmarks:*

1. An increased number of IFSP's will have natural environments listed as primary service coordination or provide a justification for services outside the natural environment.
2. TA plans through KITS will reflect Networks working towards strengthening services in the natural environment. Providers will attend trainings sponsored by KDHE and KITS that emphasize services in the natural environment.

3. Definition will be clarified for Networks in terms of the Federal Data Tables and within any parent survey's developed.
4. Changes to collection of service setting information within Infant Toddler Data Collection System will be analyzed and implemented if needed.

VIII. ***Proposed Resources and Timelines:*** Resources: Part C Staff, KITS Staff,
Timelines: 1) IFSP review is ongoing 2)TA to networks is ongoing 3)Clarification to be completed by June 30, 2004 4) Revision completed by June 30, 2004

Table 1 Status of Program Performance

Cluster Area: *Early Intervention Services in Natural Environments*

Objective: Eligible infants and toddlers and their families receive early intervention services (EIS) in natural environments (NE) appropriate for the child.

Component/Desired Result CE.3 (b): What percentage of children participating in the Part C program demonstrate improved and sustained functional abilities? (cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.)

I. *Baseline Data/Current Reality:*

- Family surveys sent out as part of the annual LICC self-assessment process reported that 95% of mothers and 95% of fathers perceive that the services provided met their child's needs in 2001-2002. This compares to 90% of the mothers and 91% of the fathers in 2000-2001.
- The percentage of children who have completed their IFSPs prior to the age of 3 continues to increase each year.
- 83% of the families surveyed reported that the early intervention services had either "a lot of impact" (48.6%) or "some impact" (34.8%) on their child's development.

II. *Activities to Achieve Results:*

- Distribute family surveys that include indicators of the effectiveness of services meeting child needs.
- Provide technical assistance and training to local networks regarding services tailored to an individual's needs.

III. *Evidence of Change/Benchmarks:*

The percentage of children who have completed their IFSPs prior to the age of 3 continues to increase each year.

IV. *Timelines and Resources:*

Information was gathered from the following sources: 1) family surveys from local program review process; 2) KEILS; and 3) Federal data tables.

V. *Explanation and Analysis of Progress (or Slippage):*

1) Data indicates that some children are improving or sustaining their functional abilities, however, this data is from self-report from the local early intervention networks. There is no detailed aggregate data directly available from the IFSP about the improved or sustained functioning of children.

VI. *Proposed Future Activities to Achieve Results:*

1. Further tracking and monitoring of this item is necessary. 2. KDHE will continue to monitor developments in the field as researchers study methods to measure this indicator more accurately for infants and toddlers. 3. A question posed to Networks on the community survey is "Our services result in progress toward child and family outcomes and are documented on the IFSP". KDHE should analyze this statement to determine the data used by Networks to answer this question.

VII. *Proposed Evidence of Change/Benchmarks:* 1. One indicator of improvement would be an increase in the percentage of families that report services are meeting their child's needs. 2. KDHE will monitor developments in the field and share information with local Networks/stakeholders. 3. KDHE will ask the follow-up question to determine what data is used by Networks to answer this question.

VIII. *Proposed Resources and Timelines:* Resources: Part C staff, NECTAC, Mountain Plains Regional Center, local Networks
Timelines: 1. Activity is ongoing. 2. Activity is ongoing. 3. Analysis completed by June 30, 2004.

Table 1 Status of Program Performance

Cluster Area: *Early Intervention Services in Natural Environments*

Objective: Eligible infants and toddlers and their families receive early intervention services (EIS) in natural environments (NE) appropriate for the child.

Component/Desired Result CE.3 (c): What percentage of children and their families receive all the services identified on their IFSP?	
I. Baseline Data/Current Reality:	<ul style="list-style-type: none"> ▪ Most families (88%) feel that they are getting the services that their child needs. ▪ There have been no formal complaints that have proceeded to mediation or due process.
II. Activities to Achieve Results:	Provide technical assistance and training to local service providers regarding the development of IFSPs and procurement of services to children.
III. Evidence of Change/Benchmarks:	<ul style="list-style-type: none"> ▪ Family surveys sent out as part of the local program review process reported that 97% of mothers and 92% of fathers were satisfied that their child's early intervention program included components that were important to the family. These percentages have been similarly high over the previous three years.
IV. Timelines and Resources:	The following data sources were consulted: 1) family surveys from local program review process; 2) KEILS; and 3) LICC self-assessments from local program review process.
V. Explanation and Analysis of Progress (or Slippage):	<ol style="list-style-type: none"> 1. There is not sufficient data available to make a conclusion about this indicator. Data regarding the provision of services identified on a child's IFSP is not aggregated nor reported at the State level. 2. There is some concern voiced from Steering Committee Members and as a result of public forum as to provision of adequate summer services for all children in all areas is inconsistent throughout the State.
VI. Proposed Future Activities to Achieve Results:	<ol style="list-style-type: none"> 1. Analysis as to how data regarding the provision of all services identified on an IFSP could be collected should be completed. 2. Further investigation into the relationship of the roles and responsibilities of the family service coordinator to whether or not all services specified on a child's IFSP are being provided in a timely manner is needed. 3. Review of IFSP's to analyze summer services should be emphasized. State staff will continue to monitor calls to the State and respond to parental concern if needed in this area. Data will be collected to determine if need for additional TA among Networks.
VII. Proposed Evidence of Change/Benchmarks:	<ul style="list-style-type: none"> ▪ Data regarding the provision of all services identified on an IFSP will be reported on the state level. ▪ The percentage of services specified on a child's IFSP would continue to be provided in a timely manner. ▪ IFSP's will reflect year-round- services with no gap in summer services.
IX.	Proposed Resources and Timelines: Resources: State Part C staff. Timelines: 1. Analysis of data and role/responsibility of service coordinator in terms of documentation will be completed by December 2004. 2. Component to request IFSP's which include any changes in summer services will be requested for the July 1, 2003 SAR. 3. Recommendations in regards to additional TA will be completed by June 30, 2004.

Table 1 Status of Program Performance

Cluster Area: *Early Childhood Transition*

Objective: Transition planning results in needed supports and services available and provided, as appropriate, to a child and the child's family when the child exits Part C.

Component/Desired Result C/BT.1: Do all children exiting Part C receive the services they need by their third birthday?	
I. <i>Baseline Data/Current Reality:</i>	Less than 3% of the children exiting Part C do so without referrals or eligibility previously determined.
II. <i>Activities to Achieve Results:</i>	There has been extensive training of both family members and professionals regarding transition and follow-up findings indicate that the trainings were successful in improving transitions for families. Technical assistance plans, which address transition issues, are currently in place in two early intervention networks.
III. <i>Evidence of Change/Benchmarks:</i>	LICCs are working cooperatively in their communities to provide opportunities for community based services for all young children, including those with disabilities.
IV. <i>Timelines and Resources:</i>	The following sources were consulted: 1) Federal data tables; 2) Local Part C Coordinator's survey; 3) Self-Assessment Public Forum Report; 4) statewide transition training survey; 5) semi-annual reports from local networks; 6) local early intervention program review process; and 7) KSDE local education agencies' monitoring reports.
V. <i>Explanation and Analysis of Progress (or Slippage):</i>	<ul style="list-style-type: none"> ▪ As a result of the self assessment, it has been determined that data is not adequate concerning those children, who at age 3, exit the program with no referrals or have not had their eligibility determined for Part B. ▪ Transition plans are being completed and included in the IFSP's but are not individualized.
VI. <i>Proposed Future Activities to Achieve Results:</i>	1) Further information will be collected from Networks concerning those who exit the program at age 3 with no referrals or without a determination of eligibility for Part B. 2) Additional information will be provided to Networks concerning individualization of transition plans.
VII. <i>Proposed Evidence of Change/Benchmarks:</i>	1) There will be improved data regarding the appropriateness of services for children not eligible for Part B after exiting early intervention. 2) Review of IFSP's will reflect individualized transition goals.
VIII. <i>Proposed Resources and Timelines:</i>	Resources: Kansas State Department of Education (KSDE), KDHE, Networks staff, Timelines: 1) Data will be collected by June 30, 2004. 2) Ongoing review of IFSP transition goals and referral for TA as appropriate.

Table 1 Status of Program Performance

Cluster Area: *Early Childhood Transition*

Objective: Transition planning results in needed supports and services available and provided, as appropriate, to a child and the child's family when the child exits Part C.

Component/Desired Result C/BT.1 (a): Are all children eligible for part B services receiving special education and related services by their third birthday?
<p>I. <i>Baseline Data/Current Reality:</i></p> <ul style="list-style-type: none"> ▪ In 2001, over half the children who exited Part C were referred to Part B or to other community services. ▪ A small percentage exit to other programs, are not determined eligible, or exit with no referrals.
<p>II. <i>Activities to Achieve Results:</i></p> <ul style="list-style-type: none"> ▪ Analysis of individual site visit checklists ▪ Survey of the local Part C Coordinators with questions regarding IEP/IFSP implementation prior to an eligible child's third birthday. ▪ State-wide trainings regarding transitions from Part C to Part B were carried out from April 1998 through September 1999 with the goals of: providing a resource manual, forming regional support teams, and the provision of joint team trainings at the local level. ▪ Technical assistance plans, developed in cooperation with KITS, are currently in place in two early intervention networks.
<p>III. <i>Evidence of Change/Benchmarks:</i></p> <ul style="list-style-type: none"> ▪ The data indicates that with few exceptions, children who transition to Part B Preschool services have an IEP/IFSP in place by their third birthday. ▪ An evaluation of the results of all the trainings showed a majority of the 177 participants felt they had gained a better understanding of transition. 91% applied the information to their work; 35% conducted further training to local service providers; and 68% indicated that there had been improvement in the transition process.
<p>IV. <i>Timelines and Resources:</i></p> <p>The following sources of information were consulted: 1) Federal Data Tables; 2) Local Part C Coordinator's survey, 3) Self-Assessment Public Forum Report; 4) state-wide transition training survey; 5) local early intervention network semi-annual reports; 6) local early intervention program review process; and 7) KSDE local education agencies' monitoring reports.</p>
<p>V. <i>Explanation and Analysis of Progress (or Slippage):</i></p> <p>The majority of children eligible for Part B receive special education when they reach their third birthday. Also, there has been extensive training of both family and professionals around this topic. Follow-up findings indicate that the trainings were successful in improving transitions for families.</p> <p>1) The self assessment indicated a need to provide local early intervention networks and local education agencies technical assistance regarding funding issues and extended school year in regards to transition and service delivery.</p> <p>2) The majority of children eligible for Part B receive special education when they reach their third birthday. This component meets its requirements. However, Local Part C Coordinator's in five networks indicate IFSP's are not being implemented for every eligible child by their third birthday.</p>
<p>VI. <i>Proposed Future Activities to Achieve Results:</i></p> <p>1) Further information will be provided to local early intervention networks and local education agencies regarding funding issues and extended school year with regards to transition and service delivery.</p> <p>2) Data will continue to be collected to determine if IFSP's are being implemented for every eligible child by their third birthday. Part C and Part B will develop a collaborative data system to track children from the time they exit Part C to Grade 5. This will include children with or without referral to Part B.</p>
<p>VII. <i>Proposed Evidence of Change/Benchmarks:</i></p> <p>1) Data will reflect increased understanding by early intervention networks and local education agencies regarding funding issues and extended school year with regards to transition and service delivery.</p> <p>2) Data system will be developed and implemented.</p>

VIII. ***Proposed Resources and Timelines:*** Resources: KSDE, KDHE, Local Networks. LEA's,
Timelines: 1) This activity is ongoing 2) System will be developed and beginning implementation will commence 2003-2004 school year.

Table 1 Status of Program Performance

Cluster Area: *Early Childhood Transition*

Objective: Transition planning results in needed supports and services available and provided, as appropriate, to a child and the child's family when the child exits Part C.

Component/Desired Result C/BT.1 (b): Are all children not eligible for services under Part B receiving other appropriate services by their third birthday?
<p>I. <i>Baseline Data/Current Reality:</i></p> <ul style="list-style-type: none"> ▪ A survey in April 2000 of the participants of the regional transition training asked if transition planning was occurring for children not eligible for Part B. 50% of the respondents (82/177) said yes. ▪ Nearly every coordinator reported some kind of cooperative planning or implementation of services with the Parents as Teachers Program for community playgroups, parent training, and information or provision of services. ▪ One-third of the local early intervention networks indicated in the April 2002 Regional Transition Training participants survey that their network had interagency agreements with other agencies such as Head Start, Early Head Start, Parents as Teachers, etc. for transition activities.
<p>II. <i>Activities to Achieve Results:</i></p> <p>Follow-up or tracking activities for children completing the IFSP prior to age 3 are suggested for one year after a child leaves the program.</p>
<p>III. <i>Evidence of Change/Benchmarks:</i></p> <ul style="list-style-type: none"> ▪ In SFY 2001, 3% of the children not eligible for Part B services who were exiting part C did receive other appropriate services by their third birthday. ▪ LICCs are working cooperatively in their communities to provide opportunities for community based services for all young children, including those with disabilities.
<p>IV. <i>Timelines and Resources:</i></p> <p>Data sources for this component are as follows: 1) Federal data tables; 2) regional transition training participant surveys; 3) 2002 Part C Coordinator's transition survey; and 4) LICC self-assessment surveys from program review process.</p>
<p>V. <i>Explanation and Analysis of Progress (or Slippage):</i></p> <p>The data is limited concerning the appropriateness of services for children not eligible for Part B after exiting early intervention.</p>
<p>VI. <i>Proposed Future Activities to Achieve Results:</i></p> <ul style="list-style-type: none"> ▪ Cooperation within LICCs and follow-up for children who exit the program needs to continue. ▪ More data needs to be compiled regarding the appropriateness of services for children under age 3 after exiting early intervention. ▪ Further information is needed concerning those who exit the program at age 3 with no referrals or without a determination of eligibility.
<p>VII. <i>Proposed Evidence of Change/Benchmarks:</i></p> <ol style="list-style-type: none"> 1) Data will be available which indicates status of children under age three after exit and analyzed to determine any need for TA in this area. 2) Data will be available which indicates the status of children who exit at age 3 with no referrals or without a determination of eligibility and analyzed to determine any need for TA in this area.
<p>VIII. <i>Proposed Resources and Timelines:</i> 1) Data will be compiled which indicates status of children under age three after exit by June 2005.</p> <p>2) Data will be collected which indicates the status of children who exit at age 3 with no referrals or without a determination of eligibility by June 2005.</p>

Table 1 Status of Program Performance

Cluster Area: *Early Childhood Transition*

Objective: Transition planning results in needed supports and services available and provided, as appropriate, to a child and the child's family when the child exits Part C.

Component/Desired Result C/BT.1 (c): What is the percentage of children leaving Part C services to Part B services placed in inclusive preschool or other settings?	
I. Baseline Data/Current Reality:	<ul style="list-style-type: none"> ▪ The Federal Data Table on Preschool Placement indicates that the percentage of 3-year-olds being served in typical early childhood settings through Part B Preschool services for 2000 and 2001, respectively, is 21% and 18%. ▪ LICCs are working cooperatively in their communities to provide opportunities for community based services for young children with disabilities. ▪ The percentage of 3-year olds placed in typical early childhood settings is below the national average, indicating that in general, the primary placement in most programs for children at age three is segregated or "reverse mainstreaming" settings.
II. Activities to Achieve Results:	<ul style="list-style-type: none"> ▪ The local Part C Coordinator's survey, asks for information about the LICCs activities to increase community options for children with disabilities. ▪ The local network receiving a site visit is asked to provide access to at least one family that has been through the transition process and specific questions regarding the transition process are asked of service providers. ▪ Activities to increase options include training of childcare providers, community planning for Smart Start, Success By Six, Juvenile Justice Authority Early Steps program, and similar local programs.
III. Evidence of Change/Benchmarks:	The Part C site visit review process has been strengthened to include more detailed information gathering on the part of the site visitors and in the exit report about the transition process.
IV. Timelines and Resources:	The following sources of information were consulted: 1) Part B December 1 Federal Data placement table; 2) Local Part C Coordinator's survey, 3) LICC program review process-family interviews; and 4) LICC program review process-LICC self-assessments.
V. Explanation and Analysis of Progress (or Slippage):	1) The data is not available to determine if the children who are in inclusive placements were transitioned from Part C.
VI. Proposed Future Activities to Achieve Results:	<ol style="list-style-type: none"> 1) Data will continue to be collected to determine if IFSP's are being implemented for every eligible child by their third birthday. Part C and Part B will develop a collaborative data system to track children from the time they exit Part C to Grade 5. This will include children with or without referral to Part B. 2) KSDE will study issue of Early Childhood LRE with Early Childhood LRE Expert group, steering committee members and others to develop recommendations in reference to this issue. Part C staff will take part in these groups.
VII. Proposed Evidence of Change/Benchmarks:	1) Data system will be developed and implemented. 2) KDHE staff will participate in Early Childhood LRE Expert groups.
VIII. Proposed Resources and Timelines:	Resources: KDHE, KSDE, Timelines: 1) System will be developed and beginning implementation will commence 2003-2004 school year. 2) KDHE staff will attend meetings April – June 2003.